

PUBLIC EMPLOYMENT RELATIONS COMMISSION

DO NOT WRITE IN THIS SPACE



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PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION

☐ Amended Petition in Case _____
Instructions: www.perc.wa.gov/Forms/E-1-inst.pdf Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

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PUBLIC EMPLOYMENT
RELATIONS COMMISSION**1. PARTIES** The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

EMPLOYER Board of Industrial Insurance Appeals

CONTACT PERSON Becky Daniels, Director of Human Resources

ADDRESS 2430 Chandler Court SW
PO BOX 42401

CITY, STATE, ZIP Olympia, WA 98504-2401

TELEPHONE 360-753-6823 ext. _____

FAX 360-586-5611

E-MAIL becky.daniels@biia.wa.gov

**ATTORNEY OR
REPRESENTATIVE****ADDRESS****CITY, STATE, ZIP****TELEPHONE**

ext. _____

FAX**E-MAIL**

PETITIONER Bob Spaulding

CONTACT PERSON Bob Spaulding

ADDRESS 5830 Delphi Rd. SW

CITY, STATE, ZIP Olympia, WA 98512

TELEPHONE 360-789-7242 ext. _____

FAX None

E-MAIL rfslaw57@comcast.net

**ATTORNEY OR
REPRESENTATIVE****ADDRESS****CITY, STATE, ZIP****TELEPHONE**

ext. _____

FAX**E-MAIL****INCUMBENT BARGAINING REPRESENTATIVE** Indicate one.☐

The parties are not currently represented for bargaining; OR

☒

The employees involved are currently represented by the organization below:

ORGANIZATION Washington Federation of State Employees

CONTACT PERSON Executive Director Greg Devereaux

ADDRESS WFSE/AFSCME Council 28
1212 Jefferson Street SE, Suite 300

CITY, STATE, ZIP Olympia, WA 98501

TELEPHONE 800-562-6002 ext. _____

FAX 360-352-7608

E-MAIL greg@wfse.org

**ATTORNEY OR
REPRESENTATIVE**

Edward Younglove

ADDRESS Younglove & Coker

P.O. Box 7846

CITY, STATE, ZIP Olympia, WA 98507-7846**TELEPHONE** 360-357-7791

ext. _____

FAX 360-754-9268**E-MAIL** office@ylclaw.com**2. DESIGNATION OF REQUEST** Indicate one.
☐ **RECOGNITION REQUEST** The petitioner requests certification as exclusive representative of the bargaining unit.

☐ **CHANGE OF REPRESENTATIVE** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.

☒ **DECERTIFICATION** The employees in the bargaining unit no longer wish to be represented by any employee organization.

☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION** The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.

☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.
4. OTHER RELEVANT FACTS Indicate one.
☐ Additional information is set forth on separate sheets of paper attached to this petition.
5. SHOWING OF INTEREST

A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.

3. BARGAINING UNIT**EMPLOYER'S PRINCIPAL BUSINESS**

State Agency

DEPARTMENT OR DIVISION INVOLVED

Employer-wide

COLLECTIVE BARGAINING AGREEMENT Indicate one.
☐ The parties have never had a contract; OR

☒ A copy of the parties' current (or most recent) collective bargaining agreement is attached.

**NUMBER OF
EMPLOYEES
IN UNIT**

55

DESCRIPTION Indicate inclusions, exclusions, contract page or case/decision number.

All Industrial Appeals Judges included in the bargaining unit.

6. AUTHORIZED SIGNATURE FOR PETITIONER**PRINT NAME** Bob Spaulding**TITLE** IAJ**SIGNATURE****DATE**

3/26/9